



**Iowa Wellness Plan Quarterly Report
1115 Demonstration Waiver
April 1, 2015 – June 30, 2015**

July 30, 2015

Contents

I. EXECUTIVE SUMMARY	3
II. SIGNIFICANT ACTIVITIES OF THE QUARTER	4
1. Member Engagement	4
2. Provider Activities	4
3. Public Communication	4
4. Legislative Developments	5
II. ELIGIBILITY/ENROLLMENT.....	5
1. Quarterly Enrollment.....	5
2. Special Population Groups.....	5
III. ACCESS/DELIVERY	6
1. Access to Care Standards	6
2. Monitoring Access and NCQA Standards.....	6
3. Network Adequacy.....	6
4. Service Delivery	7
IV. COMPLAINTS/GRIEVANCES/APPEALS	7
1. Complaints/Grievances	7
2. Appeals/Exceptions	7
VI. BUDGET NEUTRALITY/FISCAL ISSUES.....	7
VII. OTHER ACTIVITIES.....	7
1. Dental Wellness Plan.....	7
2. Healthy Behaviors Program and Premium Monitoring.....	8
3. Non-Emergency Medical Transportation	8
4. Evaluation Design	8
VIII. ADDITIONAL INFORMATION.....	8
ATTACHMENTS	9

I. EXECUTIVE SUMMARY

The Iowa Health and Wellness Plan (IHAWP) became effective on January 1, 2014, as the state's approach to expand Medicaid under the Patient Protection and Affordable Care Act (ACA). The IHAWP is comprised of two distinct 1115 waiver programs. Individuals are eligible for a program based on status relative to the Federal Poverty Level (FPL):

1. The Iowa Wellness Plan (IWP) – Covers individuals ages 19 through 64 with income up to 100 percent of the FPL. In this plan, coverage is administered directly through the state Medicaid agency, the Iowa Medicaid Enterprise (IME).
2. The Iowa Marketplace Choice Plan (MPC) – Also covers ages 19 through 64, but with income from 101 percent of the FPL up to 133 percent of the FPL. This plan provides premium assistance for coverage offered by a qualified health plan (QHP) in the Healthcare Marketplace established under the ACA. MPC members receive coverage through a QHP, Coventry Health Care of Iowa (Coventry), or through the IWP.

During second quarter of 2015, the Iowa Medicaid Enterprise continued efforts to support the state's approach on the waiver of non-emergency medical transportation for IHAWP members. On May 29, 2015, the state submitted a second amendment to CMS to continue the waiver through December 31, 2016. Other key activities during the quarter included:

- Provider engagement resulting in additional managed care counties
- Additional communication to IHAWP members and providers about changes in the healthy behaviors program;
- Established an Accountable Care Organization agreement with Mercy ACO, LLC;
- Finalization and CMS approval of the Dental Wellness Plan contract; and
- Finalization and CMS approval of the Healthy Behaviors evaluation design.

Following this letter is a detailed report of key activities and statistics for the second quarter, consistent with the STCs. Do not hesitate to contact me at 515-256-4621 or mstier@dhs.state.ia.us, or Deanna Jones at 515-256-4652 or djones1@dhs.state.ia.us should you have any questions about this report or any other aspects of the new programs.

Sincerely,

Miki Stier
Director
Iowa Medicaid Enterprise

II. SIGNIFICANT ACTIVITIES OF THE QUARTER

1. Member Engagement

Member outreach for the second quarter included communication updates on the wellness exam definition under the Healthy Behaviors Program. Communications were updated to add a dental exam as an option to the definition of the wellness exam. In order to complete the healthy behaviors requirement, a member must complete a dental or physical exam; and complete a health risk assessment. An example of healthy behavior communications can be found at <https://dhs.iowa.gov/sites/default/files/HealthyBehaviorsMemberCommWellness.pdf>.

2. Provider Activities

Recruitment:

- The IME Provider Services Outreach Team communicated Iowa Wellness Plan information to Iowa providers specifically targeting primary care providers to address patient needs.
- The number of participating primary care providers/ patient managers totaled 1,550 at the end of the second quarter of 2015.
- Effective April 1, 2015, the total number of managed care counties increased from 87 to 89.

Education:

- Throughout the second quarter of 2015, community partners and provider associations requested informational meetings, panels, and presentations about the IHAWP.
- Provider Services Outreach met with the Iowa Chapter of the American Association of Professional Coders to discuss topics of interest, which included common claim issues and eligibility.
- [Informational Letter 1499](#) was released to Iowa Medicaid providers to explain the addition of dental exams as a wellness exam option under the healthy behaviors program. This change was made retroactive to January 1, 2015.

Accountable Care Organization:

- During the second quarter, Mercy Medical entities ended their partnership with the University of Iowa Health Alliance and began contracting directly with the IME under Mercy ACO, LLC. Effective April 1, 2015, Mercy ACO became the fifth ACO to provide services to the IWP population.
- Current information about ACOs and the Medical Home Bonus Program can be found at <http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan/ACO-VIS>.

3. Public Communication

Press Release/Coverage:

In the second quarter of 2015, the Iowa Health and Wellness Plan and its unique approach to member healthy behaviors were mentioned in national media under

Kaiser Health News: [“Paying Medicaid enrollees to get checkups, quit smoking and lose weight: Will it pay off?”](#).

4. Legislative Developments

There were no legislative related activities during second quarter 2015. The most recent IHAWP administrative rules can be accessed at:

<https://www.legis.iowa.gov/docs/ACO/chapter/07-08-2015.441.74.pdf>

II. ELIGIBILITY/ENROLLMENT

1. Quarterly Enrollment

Over the second quarter, the overall IHAWP population increased by 3 percent for an ending total of 133,953. The IWP component increased over the quarter by 3 percent with an ending total of 100,119.

Effective December 1, 2014, CoOpportunity Health withdrew from the MarketPlace Choice Plan, which resulted in transitioning CoOpportunity Health members to the IWP. While Coventry continues to serve MPC members, Coventry is not enrolling new members or members who were disenrolled from CoOpportunity Health. Of the total 100,119 eligible IWP members, 16,262 were enrolled with the HMO and 52,783 were enrolled with a primary care manager. Of the total 33,582 MPC members, 24,161 received services through the IWP.

At the end of the second quarter, access to managed care was available in 89 of Iowa's 99 under the IWP. IWP enrollment totals by county as of June 30, 2015, can be found at:

http://dhs.iowa.gov/sites/default/files/IHAWPEnrollmentMaps_June2015.pdf

Monthly enrollment totals for the IHAWP population are shown below.

Plan/Coverage Group	April	May	June
Marketplace Choice	32,867	33,871	33,582
Wellness	97,322	100,582	100,119
Presumptive IHAWP*	245	415	252
Total	130,434	134,868	133,953

*Presumptive IHAWP – Members are defaulted to the Wellness Plan until provider assignments are established.

2. Special Population Groups

The state identifies specific population groups enrolled in the IHAWP to monitor their health care needs in accordance with the STCs. These groups are comprised of: (1) Nineteen and twenty year-olds, (2) American Indian/Alaskan Natives, and (3) the

medically exempt (frail). Below are IWP enrollment totals for these groups at the end of second quarter 2015.

Population Group	April	May	June
19-20 Year-old	4,698	4,770	4,737
American Indian/Alaskan Native	1,272	1,329	1,307
Medically Exempt	12,825	13,960	14,464
Total	18,795	20,059	20,508

III. ACCESS/DELIVERY

1. Access to Care Standards

Provider access standards were established to ensure the infrastructure for the IWP is adequate for timely access to care for members. These standards are comprised of similar access standards proven to be effective for the state's Medicaid managed care population, and NCQA standards:

- Ninety-five percent of IWP members will reside in counties that meet timely access standards.
- Ninety percent of IHAWP members either 1) live in a county that has at least one provider that has an NCQA Element 1B score of at least 50 percent or 2) live within 30 miles of a provider that has an NCQA Element 1B score of at least 50 percent.

2. Monitoring Access and NCQA Standards

Each quarter the state conducts a provider survey of 60 IWP participating patient managers to monitor access standards. At the end of the fourth quarter, the state will combine quarterly survey results from 240 patient managers to complete the monitoring process for the calendar year.

The IME consulted with the University of Iowa Public Policy Center (UIPPC) to develop a survey that captures responses from rural, urban, and near-urban providers. This methodology categorizes Iowa's 99 counties into four groups and applies a weighted scale to each group based on the population size to ensure the survey accurately reflects the ratio of providers to which members have access.

First and second quarter survey results (120 patient managers) revealed the state met both access and NCQA standards. See Attachment 1 for more information on access standards and survey results.

3. Network Adequacy

See Attachment 2 for maps that show provider access by county for the IHAWP population.

4. Service Delivery

Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Clinics – See Attachment 3 for wrap payments made to these providers between January 1, 2014 and March 31, 2015, for the IHAWP population.

IV. COMPLAINTS/GRIEVANCES/APPEALS

1. Complaints/Grievances

IHAWP members have access to IME's Member Services Call Center to express their questions or concerns about the program. During second quarter 2015, the IME received a low number of complaints with the majority consisting of basic questions about IWP benefits. Call Center staff were able to resolve all issues with members during the calls. The following information provides a summary of complaints.

Complaint Type	April	May	June
Benefits and Services	20	12	9
Access	4	0	1
Substance Abuse/Mental Health Access	0	0	0
Quality of Care	0	0	0
Medical Provider Network	1	2	1
Premiums and Cost Sharing	2	1	0
Healthy Behaviors	5	2	2
Non-emergency Medical Transportation	0	0	2
EPSDT Services	0	0	0

2. Appeals/Exceptions

During second quarter IWP members/providers requested 78 exceptions to Medicaid policy and 22 requests for appeal hearings. See Attachment 4 for more details.

VI. Budget Neutrality/Fiscal Issues

During second quarter, the state did not encounter any significant financial issues related to the IWP. See Attachment 5 for the actual number of member months for the IWP as of June 30, 2015.

VII. Other Activities

1. Dental Wellness Plan

On April 8, 2015, CMS approved Iowa's pre-paid ambulatory health plan (PAHP) contract with Delta Dental of Iowa with an effective date of May 1, 2014. The purpose

of the contract is to provide tiered dental benefits to the IWP and MPC populations through a PAHP, the Dental Wellness Plan (DWP). Additionally, CMS approved the DWP capitation rates submitted April 29, 2014, for the period of May 1, 2014 to June 30, 2017. See Attachment 6 for additional information related to the DWP.

2. Healthy Behaviors Program and Premium Monitoring

During second quarter the state announced a change in the wellness exam definition to include a dental exam as an option. Effective January 1, 2014, an annual physical exam or a dental exam satisfies the exam component under the healthy behaviors program. Members must also receive a health risk assessment to meet the healthy behaviors requirement to avoid paying monthly contributions. See the [Healthy Behaviors Program web page](#) for more information.

In accordance with the STCs, the state is required to monitor premium related activities of IHAWP members with incomes between 50 and 133 percent of the FPL. This information is contained in Attachment 7. See Attachment 8 for healthy behavior activities of IHAWP members as of June 26, 2015.

3. Non-Emergency Medical Transportation

The STCs of the original IWP and MPC 1115 demonstrations required the waiver of non-emergency medical transportation (NEMT) to sunset on December 31, 2014, with a possible waiver extension based on evaluation results of the impact on access to care. In the fourth quarter of 2014, the state requested an amendment to extend the NEMT waiver because adequate data were not available to conduct a full evaluation within the allowed time period. On December 30, 2014, CMS approved the state's request to extend the NEMT waiver through July 31, 2015, with additional time to present further data by May 31, 2015.

On May 29, 2015, the state submitted a second amendment with evaluation results to CMS requesting continuation of the NEMT waiver through December 31, 2016, to maintain the state's original approach to Medicaid expansion within the 1115 demonstrations.

4. Evaluation Design

The state's evaluation team, the University of Iowa Public Policy Center, received guidance from CMS to finalize the Healthy Behaviors evaluation design requirements. On April 20, 2015, [CMS approved the evaluation designs](#) for the IWP and MPC 1115 demonstrations.

VIII. Additional Information

Additional information about the IHAWP can be accessed at <http://dhs.iowa.gov/ime/about/iowa-health-and-wellness-plan>. Please contact Deanna Jones at 515-256-4652 or djones1@dhs.state.ia.us, to discuss information related to the quarterly reports.

Attachments

1. IWP Provider Access Survey Results
2. IHAWP Network Access Maps
3. IHAWP Wrap Payments
4. IWP Appeals and Exceptions Report
5. Financial Reporting - IHAWP Member Months
6. Dental Wellness Plan Report
7. Premium Monitoring Report
8. Healthy Behaviors Activity Report